ADAP Data Collection Form – Small Group Please tell us more about yourself. This information will help us fulfill our federal grant requirements and let us know who we are serving or not serving in our community. We consider this information private and it will only be reported as part of an aggregate data report.	ADAP Data Collection Form – Small Group Please tell us more about yourself. This information will help us fulfill our federal grant requirements and let us know who we are serving or not serving in our community. We consider this information private and it will only be reported as part of an aggregate data report.
Are you:	Are you:
Male	Male
Female	Female
I don't choose to respond	I don't choose to respond
r don't choose to respond	T don't choose to respond
What is your age? (Please choose one.)	What is your age? (Please choose one.)
0-4 21-24	0-4
5-11 25-44	5-11 25-44
12-14 45-64	12-14 45-64
15-17 65+	15-17 65+
18-20 I don't choose to respond	18-20 I don't choose to respond
10 20 1 0 0 10 10 10 10 10 10 10 10 10 10 10	10 20 1 40111 0110000 10 100p0114
What race best describes you? (You may mark more than one.)	What race best describes you? (You may mark more than one.)
African American/Black	African American/Black
American Indian or Alaska Native	American Indian or Alaska Native
Asian	Asian
Native Hawaiian/Pacific Islander	Native Hawaiian/Pacific Islander
White/Caucasian	White/Caucasian
I don't choose to respond	I don't choose to respond
T don't choose to respond	r don't choose to respond
Are you Spanish/Hispanic/Latino? (Please choose one)	Are you Spanish/Hispanic/Latino? (Please choose one)
Yes	Yes
No	No
I don't choose to respond	I don't choose to respond
ADAP Data Collection Form – Small Group Please tell us more about yourself. This information will help us fulfill our federal grant requirements and let us know who we are serving or not serving in our community. We consider this information private and	ADAP Data Collection Form – Small Group Please tell us more about yourself. This information will help us fulfill our federal grant requirements and let us know who we are serving or not serving in our community. We consider this information private and
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Are you:	Are you:
Male	Male
Female	Female
I don't choose to respond	I don't choose to respond
MI -1 ' (Di)	MIL - 1 O (Discount in the control of the contro
What is your age? (Please choose one.)	What is your age? (Please choose one.)
0-4 21-24	0-4 21-24
5-11 25-44	5-11 25-44
12-14 45-64	12-14
15-17 65+	15-17 65+
18-20 I don't choose to respond	18-20 I don't choose to respond
What race best describes you? (You may mark more than one.)	What race best describes you? (You may mark more than one.)
African American/Black	African American/Black
American Indian or Alaska Native	
Asian	American Indian or Alaska Native
Native Hawaiian/Pacific Islander	American Indian or Alaska Native Asian
White/Caucasian	Asian
white/Caucasian	Asian Native Hawaiian/Pacific Islander
	Asian Native Hawaiian/Pacific Islander White/Caucasian
I don't choose to respond	Asian Native Hawaiian/Pacific Islander
I don't choose to respond	Asian Native Hawaiian/Pacific Islander White/Caucasian I don't choose to respond
I don't choose to respond Are you Spanish/Hispanic/Latino? (Please choose one)	Asian Native Hawaiian/Pacific Islander White/Caucasian I don't choose to respond Are you Spanish/Hispanic/Latino? (Please choose one)
I don't choose to respond Are you Spanish/Hispanic/Latino? (Please choose one) Yes	Asian Native Hawaiian/Pacific Islander White/Caucasian I don't choose to respond Are you Spanish/Hispanic/Latino? (Please choose one) Yes
I don't choose to respond Are you Spanish/Hispanic/Latino? (Please choose one)	Asian Native Hawaiian/Pacific Islander White/Caucasian I don't choose to respond Are you Spanish/Hispanic/Latino? (Please choose one)